N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, authen number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH	BUREAU OF VITAL STATISTICS 126 State Index No.
County of	DOMERO OF THE STATE OF THE STAT
District of	ORIGINAL CERTIFICATE OF BIRTH Co. Register No.
Town of	Local Registrar's No
City of	(NoSt;
FULL NAME OF CHILD Warner to child is not named make Supplements	Alive No
Sex of Triplet	and Number Legiti- Date of Birth 1915
Child Or other or other	() of Dirth (Morea) (200)
Full FATHER Name	Full Maiden Marne Manne
Residence	Residence
Color Age at las	Or Race (Vears)
Marcan	(Years) Birthplace
Birthplace N. W.	nesico Durango, Mexica
Occupation	Occupation
Salvarer	that account the
	ren, of this mother, now living
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth of above child; and that it occurred on 1 1 1915, at	
hereby certify that I attended the birth *When there is no attending physi- cian or midwife, then the householder should make this return.	0 1, 777 1 400 0 1 004
Given or christian name added from	
supplemental report191	
COUNTY REGISTRAR.	Filed Mar 6 1916 A True Copy COUNTY REGISTRAR.